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REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # 10/519152

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing	1	12/27/04	\$ 100
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10 REASON: _____			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: A. Johnson		TITLE: paralegal	
SIGNATURE: A. Johnson		PHONE: 305-9940	
OFFICE: PCT			
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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